MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
APPLICANT(S)	

CLAIMS

	AS FILED IND.	AS FILED DEP.	AFTER 1st AMENDMENT IND.	AFTER 1st AMENDMENT DEP.	AFTER 2nd AMENDMENT IND.	AFTER 2nd AMENDMENT DEP.		* IND.	* DEP.	* IND.	* DEP.	* IND.	* DEP.
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48							98						
49							99						
50							100						
TOTAL IND.	5						TOTAL IND.						
TOTAL DEP.	8						TOTAL DEP.						
TOTAL CLAIMS	13						TOTAL CLAIMS						

*MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

FORM PTO-1360 (REV 3-78)

U.S.DEPARTMENT OF COMMERCE
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